

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6		1				
7		5				
8		0				
9		0				
10		0				
11		0				
12	1					
13	1					
14		1				
15		0				
16		0				
17		2				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		5				
25	1					
26		1				
27		1				
28	1					
29	1					
30	1					
31	1					
32		1				
33	1					
34		4				
35		0				
36	1					
37	1					
38		1				
39	1					
40	1					
41	1					
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	18					
TOTAL DEP.	35					
TOTAL CLAIMS	53					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY